PTO/SB/17 (10-07)

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		Complete if Known						
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). FEE TRANSMITTAL For FY 2008						0/578,321-Conf. #5572		
						May 4, 2006		
						Takenori YOSHIZAWA		
						S. L. Krycinski		
Applicant claims small entity status. See 37 CFR 1.27				Artonic		4174		
TOTAL AMOUNT OF PAYMENT (\$) 1,400.00				Attorney Docket No.		1248-0870PUS1		
METHOD OF PA	YMENT (check	all that apply)						
Check	Credit Card	Money Order	Non	e Other (1	olease identify):		
x Deposit Account	t Deposit Account	Number: 02-24	 448	Deposit A	Account Name:	Birch, Stewart	, Kolasch &	Birch, LLP
For the abov	e-identified depo	osit account, the Dire	ector is	hereby authorize	d to: (checl	k all that apply)		
x Charge	e fee(s) indicated	d below		Charge	e fee(s) indi	icated below, ex	cept for t	he filing fee
Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17								
FEE CALCULATI								
1. BASIC FILING, S	EARCH, AND E	XAMINATION FEES	;					
	FI	LING FEES	SEA	ARCH FEES	EXAMIN	ATION FEES		
Application Type	Fee (\$	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees	Paid (\$)
Utility	310	155	510	255	210	105		
Design	210	105	100	50	130	65		<u></u>
Plant	210	105	310	155	160	80		
Reissue	310	155	510	255	620	310		
Provisional	210	105	0	0	0	0		
2. EXCESS CLAIM I	FEES							Small Entity
Fee Description							Fee (\$)	Fee (\$)
Each claim over 20	(including Reiss	sues)					50	25
Each independent cl	aim over 3 (incl	uding Reissues)					210	105
Multiple dependent	claims						370	185
Total Claims Extra Claims Fee (\$)		Fee (\$)	Fee Paid (\$)		Mu	Multiple Dependent Claims		-
48 - 20 =		x <u>50.00</u> =	1,40	00.00	Fee	<u>e (\$)</u> <u>F</u>	ee Paid (<u>\$)</u>
HP = highest number of		r, if greater than 20.						
Indep. Claims	Extra Claims	Fee (\$)	Fee F	Paid (\$)				
3 - 3 = HP = highest number of		x =s paid for, if greater than	3.					
3. APPLICATION SI	ZE FEE							
If the specification	and drawings e	xceed 100 sheets of						
		the application size			or small en	tity) for each a	dditional 5	50
l		35 U.S.C. 41(a)(1)(0					r	D-:-! (#)
<u>Total Sheets</u>	Extra Shee			dditional 50 or frac			ree	Paid (\$)
100 = /50 = (round up to a whole number) x = 4. OTHER FEE(S) Fees Paid (\$)								
4. OTHER FEE(S) Non-English Specification, \$130 fee (no small entity discount)								
Other (e.g., late filing surcharge):								
SUBMITTED BY	KAN.	M/I		Registration No.	20 404	Talank	(702) 20	25 8000
Signature		1007		(Attorney/Agent)	39,491	Telephone		05-8000
Name (Print/Type) Mi	chael R. Camr	narata				Date	July 2	, 2008

